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9	BEFORE THE BOARD OF REGISTERED NURSING						
10	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA						
11							
12	In the Matter of the Accusation Against:	Case No. 2009-236					
13	DONALD SCOTT PARADISE 2119 Ridge Drive	ACCUSATION					
14	Valatie, NY 12184	·					
15	Registered Nurse License No. 697019						
16	Respondent.						
17	Complainant alleges:						
18	<u>PARTIES</u>						
19	 Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation solely in her official capacity as the Executive Officer of the Board of Registered Nursing ("Board"), Department of Consumer Affairs. On or about February 8, 2007, the Board issued Registered Nurse License 						
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23	Number 697019 to Donald Scott Paradise ("Respondent"). Respondent's registered nurse						
24	license was in full force and effect at all times relevant to the charges brought herein and expired						
25	on January 31, 2009.						
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STATUTORY PROVISIONS					
3. Business and Professions Code ("Code") section 2750 provides, in					
pertinent part, that the Board may discipline any licensee, including a licensee holding a					
temporary or an inactive license, for any reason provided in Article 3 (commencing with section					
2750) of the Nursing Practice Act.					
4. Code section 2764 provides, in pertinent part, that the expiration of a					
license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding					
against the licensee or to render a decision imposing discipline on the license. Under Code					
section 2811, subdivision (b), the Board may renew an expired license at any time within eight					
years after the expiration.					
5. Code section 2761, subdivision (a), states that the Board may take					
disciplinary action against a certified or licensed nurse or deny an application for a certificate or					
license for unprofessional conduct.					

Code section 2762 states, in pertinent part: 6.

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

- (a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.
- (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.
 - Code section 4060 states, in pertinent part: 7.

No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.

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This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer . . .

- 8. Health and Safety Code (H & S Code) section 11170 states that no person shall prescribe, administer, or furnish a controlled substance for himself.
- 9. H & S Code section 11173, subdivision (a), states, in pertinent part, that "[n]o person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge . . ."

COST RECOVERY

10. Code section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

CONTROLLED SUBSTANCES AT ISSUE

- 11. "Hydromorphone" (Dilaudid) is a Schedule II controlled substance as designated by Health and Saf. Code section 11055, subdivision (b)(1)(K).
- 12. "Lorazepam" is a Schedule II controlled substance as designated by Health and Saf. Code section 11055(b)(1)(m).
- 13. "Meperidine" is a Schedule II controlled substance as designated by Health and Saf. Code section 11055(b)(1)(m).
- 14. "Midazolam" is a Schedule II controlled substance as designated by Health and Saf. Code section 11055(b)(1)(m)
- 15. "Morphine" is a Schedule II controlled substance as designated by Health and Saf. Code section 11055, subdivision (b)(1)(M).
- 16. "Norco" is a combination drug containing hydrocodone bitartrate and acetaminophen and is a Schedule III controlled substance as designated by Health and Saf. Code

17. "Zofran," a brand name for Ondansetron, is a dangerous drug within the meaning of Code section 4022, in that it requires a prescription under federal law.

18. "Temazepam" is a Schedule IV controlled substance as designated by Health and Safety Code Section section 11057(d)(29), and is a dangerous drug pursuant to Business and Professions Code section 4022. Temazepam is a central nervous depressant used to treat insomnia and sleep disorders.

FIRST CAUSE FOR DISCIPLINE

(Diversion and Possession of Controlled Substances)

19. Respondent is subject to disciplinary action pursuant to Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section 2762, subdivision (a), in that on or about and between February 15, 2007 and Se ptember 17, 2007, while on duty as a registered nurse in four different hospitals¹, Respondent did the following:

Diversion of Controlled Substances:

a. Respondent obtained the controlled substances Hydromorhone (Dilaudid), Lorazepam, Meperidine, Midazolam, Morphine, Norco, Ondasetron and Temazepam by fraud, deceit, misrepresentation, or subterfuge, in violation of H & S Code section 11173, subdivision (a), as follows: On or about and between February 15, 2007 and September 16, 2007, Respondent removed varying quantities of Hydromorphone (Dilaudid), Lorazepam, Meperidine, Midazolam, Morphine, Norco, Ondasetron and Temazepam under the names of multiple patients ///

^{1.} From February 15, 2007 to September 16, 2007, Respondent was employed by MedStaff Health Care Solutions, a nurse registry that assigns nurses to different hospitals.

from the Pyxis² and AcuDose Rx³ when the quantities of the medications removed were in excess of the doses ordered by the patients' physicians or Respondent was not assigned to care 2 for the patients. Further, Respondent failed to chart the administration or wastage or otherwise 3 account for the disposition of in the Medication Administration Record ("MAR") or Nurse's 4 Notes/Flowsheet ("NNF") to conceal his diversion of the medications, as more particularly set 5 forth in paragraph 20 below. 6 **Possession of Controlled Substances:** 7 On the dates indicated above, Respondent possessed unknown quantities 8 b. of the controlled substances without a valid prescription from a physician, dentist, podiatrist, 9 optometrist, veterinarian, or naturopathic doctor, in violation of Code section 4060. 10 SECOND CAUSE FOR DISCIPLINE 11 12 20. 13

(False Entries in Hospital/Patient Records)

Respondent is subject to disciplinary action pursuant to Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section 2762, subdivision (e), in that on or about and between February 15, 2007 and February 16, 2007, while on duty as a registered nurse in at Huntington Beach Hospital, Huntington Beach, California, Respondent falsified, or made grossly incorrect, grossly inconsistent, or unintelligible 111

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^{2. &}quot;Pyxis" is a trade name for the automatic single-unit dose medication dispensing system that records information such as patient name, physician orders, date and time medication was withdrawn, and the name of the licensed individual who withdrew and administered the medication. Each user/operator is given a user identification code to operate the control panel. Sometimes only portions of the withdrawn narcotics are given to the patient. The portions not given to the patient are referred to as "wastage." This waste must be witnessed by another authorized user and is also recorded by the Pyxis machine.

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^{3.} AcuDose Rx System is a computer based medication system provided by McKesson. The AcuDose system, according to the McKesson literature, "enables hospitals to securely store, accurately capture charges for all medications dispensed, and track all medications administered by type, patient and caregiver. AcuDose-Rx cabinets form a medication dispensing system that automates the secure storage and rapid dispensing of narcotics and other medications in all patient care units, specialty care areas, outpatient clinics and in the operating room. It offers the highest multi-dose, line-item secure medication storage capacity.

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Huntington Beach Hospital

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Patient A:

On February 15, 2007, at 1932 hours and at 1958 hours, Respondent withdrew Hydromorphone (Dilaudid) 2 mg/ml injection, each time from AcuDose-Rx. The signature on the written physician order for Dilaudid 2 mg, and the entry that indicates that Dilaudid 2 mg was administered, are illegible and Dr. K did not initiate an order for Dilaudid for this patient. On February 16, 2007, at 0230 hours, Respondent wasted 2 mg Hydromorphone; however, there is no witness to the wastage. There is a discrepancy of Dilaudid 2-4 mg.

entries in hospital, patient, or other records pertaining to the controlled substances Dilaudid,

Morphine, Midazolam, Lorazepam, Meperidine, and Norco, as follows:

Patient B:

On February 16, 2007, at 0225 hours, Respondent withdrew b. Hydromorphone (Dilaudid) 2 mg/ml injection from AcuDose-Rx. The physician order shows Dilaudid 2 mg. was ordered at 0310 hours, which is approximately 45 minutes after it was removed by Respondent. Dr. K. stated he did not write the order for Dilaudid. There is a discrepancy of Dilaudid 2 mg.

Patient C:

On February 16, 2007, at 0425 hours, Respondent withdrew Hydromorphone (Dilaudid) 2 mg/ml injection from AcuDose-Rx without a physician order. There is no indication in the MAR that the medication was administered, nor is there any record of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient D:

On February 15, 2007, at 2015 hours, Respondent withdrew d. Hydromorphone (Dilaudid) 1 mg/ml Syringe from AcuDose-Rx. On February 15, 2007, at 2134 hours, Respondent withdrew Hydromorphone 2 mg/ml inj from AcuDose-Rx. On February 15, 2007, at 0129 hours, Respondent withdrew Hydromorphone 2 mg inj, from AcuDose-Rx. There is no documentation in the MAR that the medication was administered nor is there any record of wastage. There is a discrepancy of 5mg of Dilaudid.

There is a physician order by Dr. K. for Dilaudid 1 mg IM and the Acudose-Rx report indicated that Nurse R.C. removed Hydromorphone 1 mg at 2015 hours and that the medication was administered to the patient by Nurse R.C.

Patient E:

e. On February 16, 2007, at 0649 hours, Respondent withdrew Hydromorphone (Dilaudid) 2 mg/ml from AcuDose-Rx without a physician order. There is no documentation in the MAR that Dilaudid was administered to the patient, nor is there any record of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient G:

f. On February 15, 2007, at 1900 hours, and on February 16, 2007, at 0403 hours, Respondent withdrew Hydromorphone 2 mg/ml from AcuDose-Rx. There is a written order for Dilaudid IM at what appears to be 1955 hours. The dosage is difficult to read. There is an entry indicating that Dilaudid 1 mg was administered. The time is illegible. There is no documentation to indicate that more than 1 mg was administered and there is no documentation to indicate that any of the medication was wasted. Dr. K stated he did not write an order for Dilaudid for this patient. There is a discrepancy of Dilaudid 3 to 4 mg.

St. Jude Medical Center

Patient 1:

g. On March 4, 2007, at 1929 hours, Respondent withdrew Hydromorphone (Dilaudid) 2 mg from Pyxis. The physician order indicates an entry at 1500 for Dilaudid 2mg IM. The order appeared to be written by Respondent, not the physician. There is no indication that this was a verbal order of a physician, nor is there physician co-signature. There is no indication on the MAR that the medication was administered, nor is there any documentation to indicate that the medication was wasted. There is a discrepancy of Dilaudid 2 mg.

Patient 2:

h. On March 4, 2007, at 1947 hours, 2101 hours, and 2251 hours,
Respondent withdrew three doses of Dilaudid 2 mg (6 mg total) from Pyxis. There is a
physician order at 1615 hours for Dilaudid 1 mg with documentation on the MAR that this dose

was withdrawn and administered by another nurse. There is another physician order for Dilaudid at 1814 hours that appears to be altered from 1 mg to 2 mg. There is a physician order at 2120 hours for regular diet under which, in different penmanship and almost illegibly written, is an order that appears to be for Dilaudid 2 mg. There is a discrepancy of Dilaudid 2 mg. Patient 3: On March 4, 2007, at 2250 hours, and on March 5, 2007, at 0008 hours, i. Respondent withdrew Dilaudid 2 mg. from Pyxis. The MAR indicates that Respondent administered 1 mg of Dilaudid at 2200 hours and there is no record of wastage. There is a discrepancy of Dilaudid 3 mg. Mission Hospital Patient 2: On March 7, 2007, at 2001 hours and 2020 hours, Respondent withdrew į. Hydromorphone (Dilaudid) 2 mg from Pyxis. On March 7, 2007, at 2249 hours, Respondent wasted Hydromorphone 1 mg. The MAR for May 7, 2007, shows that Respondent administered Dilaudid 1 mg. at 2000 hours, Dilaudid 1 mg at 2025 hours, and Dilaudid 1 mg at 2050 hours. There is a discrepancy of Hydromorphone (Dilaudid) 1 mg. Patient 3: On May 7, 2007, at 2229 hours and at 2229 hours, Respondent withdrew k. Morphine 10 mg each time from Pyxis without a physician order. On May 7, 2007, at 2344 hours, Respondent wasted Morphine 10 mg. There is no record on the MAR that the remaining medication was administered. There is a discrepancy of Morphine 10 mg. Patient 4: On May 7, 2007, at 2359 hours, Respondent withdrew Morphine 2 mg 1. from Pyxis. The MAR indicates that Respondent administered the medication at 2230 hours,

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nearly 90 minutes before it was withdrawn. While there is no discrepancy since all the

Morphine is accounted for, there is an error in documenting.

Patient 5:

m. On May 22, 2007, at 2021 hours, Respondent withdrew Hydromorphone 1 mg from Pyxis. There are entries on the patient's MAR by other nurses of the administration of Dilaudid. Nurse C.V. administered Dilaudid 1 mg on May 22, 2007, at 0100 hrs. and again at 0615 hours. It is unclear whose signature appears indicating 1 mg Dilaudid IV was administered on May 22, 2007, at 0340 hours, 1518 hours, 1637, 1810 and 2044 hours. Although the Pyxis reports Respondent withdrew Dilaudid 1 mg, Respondent was not scheduled to working these shifts and there does not appear to be any MAR entries by Respondent. There is a discrepancy of 1 mg Dilaudid.

Patient 6:

n. On May 22, 2007, Respondent withdrew Hydromorphone 1 mg from Pyxis without a physician order. There is no MAR entry by Respondent and no indication that the medication was wasted. There is a discrepancy of Hydromorphone 1 mg.

Patient 10:

o. On June 3, 2007, at 0037 hours and again on 0052 hours, Respondent withdrew Hydromorphone 2 mg. from Pyxis. There is a physician order for Hydromorphone 1 mg every 20 minutes PRN pain, written at 0018 hours on June 3, 2007. The MAR indicates that Respondent administered Hydromorphone 2 mg at 2032 hours and at 2125 hours. There is no discrepancy in the amount of medication withdrawn and administered, but there is some irregularity in the amount of medication given.

Patient 11:

p. On June 3, 2007, at 2038 hours, Respondent withdrew Hydromorphone 2 mg from Pyxis without a physician order. There is no documentation on the MAR that Respondent administered the medication, nor is there any documentation of wastage. There is a discrepancy of Hydromorphone 2 mg.

Patient 12:

q. On June 3, 2007, at 0149 hours, Respondent withdrew Hydromorphone 2 mg from Pyxis. The MAR indicates that On June 3, 2007, at 0149 hours, Respondent

a total of 4 mg. There is a discrepancy of 2 mg Hydromorphone. Patient 14: On June 20, 2007, at 2120 hours, Respondent withdrew Hydromorphone 2 r. mg. from Pyxis, and at 2141 hours, wasted Hydromorphone 3 mg. The MAR indicates that on June 20, 2007, at 2115 hours, Respondent administered Dilaudid 1 mg, and that at 2250 hours, Nurse K.L. administered1 Dilaudid 1 mg. (Hydromorphone only comes in 2 mg vials, yet Respondent wasted 3 mg.) There is a discrepancy of Hydromorphone 3 mg. Patient 16: On June 21, 1007, at 0036 hours, Respondent withdrew Meperidine 25 mg s. injectable from Pyxis without a physician order. On June 21, 2007, at 0106 hours, Respondent withdrew Hydromorphone 1 mg and at 0106 hours wasted Hydromorphone 0.5 mg. The MAR 12 does not indicate that Meperidine nor Hydromorphone were administered. There is a 13 discrepancy of Meperidine 25 mg and Hydromorphone 0.5. 14 15 Patient 17: On June 21, 2007, at 0132 hours, Respondent withdrew Lorazepam 16 (Ativan) 2 mg/ml vial from Pyxis. The MAR does not show that Respondent administered 17 Lorazepam (Ativan). There is a discrepancy of Ativan 2 mg. 18 Patient 20: 19 On June 23, 2007, at 2025 hours, Respondent withdrew Hydromorphone 20 u. PCA 25 mg/25 ml from Pyxis, and at 2136 hours, Respondent withdrew Hydromorphone 1 mg. 2.1 On June 24, 2007, at 0124 hours, Respondent withdrew Hydromorphone PCS 25 mg/25 ml. At 22 0401 hours, Respondent withdrew Hydromorphone 1 mg, and at 0417 hours, Respondent 23 withdrew Temazepam 15 mg. The MAR indicates that on June 23, 2007, at 2317 hours, 24 Respondent administered Hydromorphone 1 mg, and on June 24, 2007, at 0416 hours, 25 Respondent administered Temazepam 15 mg. There is a discrepancy of Hydromorphone 51 mg. 26 27 111 111 28

administered Dilaudid 2 mg, at 0230 hours Dilaudid 1 mg, and at 0300 hours Dilaudid 1 mg, for

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Patient 22:

On June 25, 2007, at 0036 hours, 0112 hours, 0129 hours, 0159 hours, and 0304 hours, Respondent withdrew Hydromorphone 2 mg each time, for a total of 10 mg Hydromorphone, from Pyxis. On June 25, 2007, at 0333 hours, in a series of transactions, Respondent withdrew Hydromorphone 2 mg x 4, for a total of 8 mg, from Pyxis. At 0333 hours, in a series of transactions, Respondent wasted Hydromorphone 1 mg x 4, for a total of 4 mg. Then again at 0334, Respondent withdrew Hydromorphone 2 mg, and at 0612 hours, wasted 1 mg Hydromorphone. At 0456 hours, Respondent withdrew Hydromorphone 1 mg and at 0612 hours, wasted Hydromorphone 1 mg, for a total of 21 mg of Hydromorphone withdrawn and 5 mg wasted.

On June 25, 2007, at 0147 hours, and at 0304 hours, Respondent withdrew from Midazolam 5 mg from Pyxis. At 0335 hours, Respondent wasted Midazolam 4 mg. At 0457 hours, and at 0612 hours, Respondent withdrew Midazolam 5 mg, for a total of 20 Midazolam withdrawn and 4 mg wasted. The MAR indicates that on June 25, 2007, at 0330 hours, Respondent administered 2 mg. Midazolam. There is a total discrepancy of Midazolam 14 mg, and 16 mg Hydromorphone.

Patient 24:

w. On June 27, 2007, at 2146 hours, Respondent withdrew Lorazepam 1 mg, at 2238 hours Hydromorphone 2 mg, and at 2245 hours Lorazepam 2 mg from Pyxis. The MAR indicates that on June 27, 2007, at 2140 hours and again at 2220 hours, Respondent administered Ativan 1 mg. There is a discrepancy of Ativan 1 mg and Hydromorphone 2 mg.

Patient 25:

x. On June 27, 2007, at 2314 hours, Respondent withdrew Hydromorphone 2 mg from Pyxis. The MAR indicates that on June 27, 2007, at 2315 hours, Respondent administered Dilaudid 1 mg. There is a discrepancy of Dilaudid 1 mg.

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Patient 27:

y. On June 28, 2007, at 0106 hours, Respondent withdrew Lortab Liquid (Hydrocodone 5mg) 10 ml. The MAR indicates Respondent administered Lortab 5 cc PO 1 mg. There is no record of wastage. There is a discrepancy of Lortab liquid 5 ml.

Patient 28:

z. On June 28, 2007, at 0152 hours, Respondent withdrew Hydromorphone 2 mg and at 0155, Respondent withdrew Norco 5 mg 1 tabs. from Pyxis. On June 28, 2007, at 0239 hours, Respondent wasted 2 mg. Hydromorphone. The MAR indicates that on June 28, 2007, time illegible, Respondent administered 2 tabs Lortab. There is a discrepancy of 1 tab (5 mg) Norco (Lortab).

Patient 30:

aa. On June 28, 2007, at 2146 hours, Respondent withdrew Hydromorphone 2 mg. from Pyxis. The MAR indicates that on June 27, 2007, at 2230 hours, Respondent documented administering Dilaudid 0.5 mg. Not only was there no Physician Order for Hydromorphone, but there is a discrepancy of Dilaudid 1.5 mg.

Patient 31:

bb. On June 28, 2007, at 2146 hours, Respondent withdrew Hydromorphone 2 mg from Pyxis. The MAR indicates that on June 28, 2007, at 2350 hours, Respondent administered 2.5 mg Dilaudid. Respondent documented administering more Hydromorphone than he withdrew.

Patient 32:

cc. On July 1, 2007, at 1950 hours, Respondent withdrew Morphine PCA 125 mg/25 ml from Pixys without a physician order. On July 2, 2007, at 0034 hours, Respondent wasted Morphine PCS 125mg/25ml. On July 2, 2007, at 0217 hours, and at 0518 hours, Respondent withdrew Morphine PCA 125 mg/25 ml without a physician order. There is no record of Morphine having been administered nor or wasted by Respondent. There is a discrepancy of 250 mg Morphine.

Patient 33:

dd. On July 1, 2007, at 2207 hours, Respondent withdrew Morphine injectable 2 mg from Pyxis. On July 1, 2007, at 2319 hours, Respondent wasted 1 mg Morphine. On July 2, 2007, at 0343 hours, Respondent withdrew Morphine injectable 2 mg and wasted Morphine 1 mg at 0517 hours. The MAR indicates that on July 1, 2007, at 0345 hours, Respondent administered Morphine 1 mg. There is a discrepancy of Morphine 1 mg.

Patient 34:

mg/ml from Pyxis. At 2127 hours, Respondent withdrew Morphine PCA 125 mg/ml from Pyxis. At 2127 hours, Respondent withdrew Morphine inject6able 2 mg and at 2324 hours, Respondent wasted Morphine PCA 125 mg/25ml. On July 3, 2007, at 0038 hours, Respondent withdrew Methadone injectable 10 mg./ml syringe. At 0130 hours, Respondent wasted Morphine injectable 2 mg. The MAR indicates that on July 2, 2007, at 2125 hours, Respondent administered Morphine 1 mg. The MAR indicates that on July 3, 2007, at 0000 hours, Respondent administered Methadone 10 mg. There is a discrepancy of Morphine 2 mg.

Patient 36:

ff. On July 3, 2007, at 0411 hours, Respondent withdrew Hydromorphone PCA 25 mg from Pyxis. On July 30, 2007, at 0450 hours, Respondent "canceled" for Hydromorphone PCA 25 mg. At 0625 hours, Respondent wasted Hydromorphone 25 mg. There is no MAR entry for Hydromorphone. While there is no discrepancy of Hydromorphone, Respondent was not assigned to this patient.

Patient 37:

gg. On June 30, 2007, at 0111 hours, Respondent withdrew Lorazepam 2 mg from Pyxis and wasted Lorazepam 1 mg. At 0438 hours, Respondent withdrew 2 mg Lorazepam and wasted 1 mg at 0708 hours. The MAR indicates that on June 27, 2007, at 0114 hours, Respondent administered Lorazepam 1 mg, then indicated that on June 27, 2007, Respondent "undocumented" Lorazepam 1 mg, as if he never gave it to the patient. There is a discrepancy of Lorazepam 2 mg.

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St. Joseph's Hospital

Patient 1:

hh. On September 17, 2007, Respondent withdrew Morphine Sulfate
Injectable 5 mg at 2055 hours, 2133 hours and 2135 hours, for a total of 15 mg from Pyxys. The
MAR indicates Respondent administered Morphine Sulfate 5 mg. at 2055 hours. Pyxis indicates
that Respondent witnessed wastage of Morphine Sulfate 2 mg of RN K.Z. on September 18,
2007, at 0006 hours, and that this wastage was part of the Morphine Sulfate 5 mg that
Respondent withdrew on September 17, 2007, at 2055 hours. There is a discrepancy of
Morphine 8 mg.

Patient 2:

ii. On September 17, 2007, at 1908 hours, Respondent withdrew Dilaudid 2 mg from Pyxis. The MAR indicates Respondent administered Dilaudid 1 mg at 1915 hours, and there is no record of wastage. There is a discrepancy of Dilaudid 1 mg.

Patient 3:

jj. On September 17, 2007, at 2133 hours, Respondent withdrew Morphine Sulfate 8 mg from Pyxis. The MAR indicates that on September 17, 2007, at 2130 hours, Respondent administered Morphine 6 mg, and there is no record of wastage. There is a discrepancy of Morphine Sulfate 2 mg.

Patient 4:

kk. On September 17, 2007, at 1932 hours, Respondent withdrew Hydromorphone 2 mg from Pyxis without a physician order. There is no documentation in the MAR to indicate it was administered and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 5:

11. On September 16, 2007, at 2144 hours and at 2211 hours, and on September 17, 2007, at 0039 hours and 0047 hours, Respondent withdrew one ampule Dilaudid 2 mg/ml injectable each time, and that on September 17, 2007, at 0039 hours, 1 mg was wasted. The MAR indicates that Respondent administered Dilaudid 1 mg on September 16, 2007, at

2230 hours and 2242 hours, and on September 17, 2007, at 0050 hours, and that Respondent administered 0.5 mg. at 0130 hours. There is a discrepancy of Dilaudid 3.5 mg.

Patient 6:

mm. On September 16, 2007, at 0052 hours, Respondent withdrew Dilaudid 2 mg from Pyxis without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 7:

nn. On September 16, 2007, at 2208 hours, Respondent withdrew Dilaudid 2 mg from Pyxis without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 8:

oo. On September 16, 2007, at 2211 hours, Respondent withdrew Dilaudid 2 mg from Pyxis without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 9:

pp. On September 17, 2007, at 0055 hours, Respondent withdrew Dilaudid 2 mg from Pyxys without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 10:

qq. On September 16, 2007, at 1909 hours, Respondent withdrew Dilaudid 2 mg from Pyxis without a physician order. On September 16, 2007, at 1920 hours, Respondent withdrew from Pyxis Zofran 4 mg without a physician order. The MAR indicates that Zofran 4 mg was administered at 1900 (20 minutes before the Pyxis printout indicates it was withdrawn). There is no documentation to indicate that the Dilaudid was administered, and there is no

1	documentation to indicate it was wasted. There is a discrepancy of Dilaudid 2 mg. Zofran 4 mg.					
2	was administered to the patient without a physician order.					
3	Patient 11:					
4	rr. On September 16, 2007, at 1921 hours, Respondent withdrew Dilaudid 2					
5	mg from Pyxis without a physician order. There is no documentation to indicate that it was					
6	administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2					
7	mg.					
8	Patient 12:					
. 9	ss. On September 16, 2007, at 1843 hours, Respondent withdrew Dilaudid 2					
10	mg from Pyxis without a physician order. There is no documentation to indicate that it was					
11	administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2					
12	mg.					
13	Patient 13:					
14	tt. On September 7, 2007, at 0536 hours, Respondent withdrew Dilaudid 2					
15	mg from Pyxis without a physician order. There is no documentation to indicate that it was					
16	administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2					
17	mg.					
18	Patient 14:					
19	uu. On September 7, 2007, at 0538 hours, Respondent withdrew Dilaudid 2					
20	mg from Pyxis without a physician order. There is no documentation to indicate that it was					
21	administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2					
22	mg.					
23	Patient 15:					
24	vv. On September 6, 2007, at 2339 hours, Respondent withdrew Norco 5-325					
25	from Pyxis. The MAR indicates that Respondent administered the medication at 2330 hours					
26	(nine minutes prior to when the Pyxis printout indicates it was withdrawn).					
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Patient 16:

ww. On September 6, 2007, at 2038 hours, Respondent withdrew Dilaudid 2 mg from Pyxis without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 17:

mg from Pyxis without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 18:

yy. On September 6, 2007, at 2042 hours, Respondent withdrew Dilaudid 2 mg from Pyxis without a physician order. There is no documentation to indicate that it was administered, and there is no documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

Patient 19:

mg from Pyxis without a physician order. Pyxis indicates that at 0151 hours, it was Dilaudid 2 mg was "restocked" by Nurse E.V. Pyxis indicates that Respondent withdrew Dilaudid 2 mg. at 0231 hours and that at 0525 hours, he wasted Dilaudid 1 mg. The MAR indicates that on September 17, 2007, at 0434 hours, Respondent administered Dilaudid 5 mg. There is a discrepancy of Dilaudid 1 mg.

Patient 20:

aaa. On September 7, 2007, at 0536 hours, Respondent withdrew Dilaudid 2 mg. from Pyxis without a physician order. There is no documentation to indicate it was administered, nor is there any documentation of wastage. There is a discrepancy of Dilaudid 2 mg.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Prescribed, Administered or Furnished Controlled Substance to Self Between February 15 and September 16, 2007)

21. Respondent is subject to disciplinary action pursuant to Code section 2762, subdivision (a) on the grounds of unprofessional conduct, in that between February 15, 2007 and September 16, 2007, while on duty as a registered nurse at four different hospitals, prescribed, administered or furnished controlled substance and dangerous drugs to himself, in violation of Health and Safety Code section 11170, as set forth in paragraphs 19 and 20 above.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct -Procured or Attempted to Procure Controlled Substances by Fraud, Deceit, Misrepresentation or Subterfuge Between February 15 and September 16, 2007)

22. Respondent is subject to disciplinary action pursuant to Code section 2762, subdivision (a), on the grounds of unprofessional conduct, in that between February 15, 2007 and September 16, 2007, while on duty as a registered nurse at four different hospitals, procured or attempted to procure controlled substances by fraud, deceit, misrepresentation or subterfuge, in violation of health and Safety Code section 11173(a), as set forth in paragraphs 19 and 20 above.

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PRAYER WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision: Revoking or suspending Registered Nurse License Number 697019, 1. issued to Donald Scott Paradise; Ordering Donald Scott Paradise to pay the Board of Registered Nursing 2. the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and Taking such other and further action as deemed necessary and proper. 3. DATED: ___ **Executive Officer** Board of Registered Nursing Department of Consumer Affairs State of California Complainant